

FORM PTO-1390 (Modified)  
(REV. 11-2000)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

ATTORNEY'S DOCKET NUMBER

04-748

U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR

**10/507449**INTERNATIONAL APPLICATION NO.  
**PCT/GB03/00971**INTERNATIONAL FILING DATE  
**7 March 2003 (07.03.03)**PRIORITY DATE CLAIMED  
**16 March 2002 (16.03.02)**

TITLE OF INVENTION

**Signal Processing System and Method**

APPLICANT(S) FOR DO/EO/US

**1) Paul Fletcher 2) Michael Dean**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (24) indicated below.
4. ☐ The US has been elected by the expiration of 19 months from the priority date (Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371 (c) (2))
  - a. ☒ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☐ An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a. ☐ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☒ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
10. ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).
11. ☒ A copy of the International Preliminary Examination Report (PCT/IPEA/409).
12. ☒ A copy of the International Search Report (PCT/ISA/210).

**Items 13 to 20 below concern document(s) or information included:**

13. ☐ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
14. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
15. ☒ A **FIRST** preliminary amendment.
16. ☐ A **SECOND** or **SUBSEQUENT** preliminary amendment.
17. ☐ A substitute specification.
18. ☐ A change of power of attorney and/or address letter.
19. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.
20. ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
21. ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
22. ☒ Express Mail Label No. **EV334697898US**
23. ☒ Other items or information:

**Application Data Sheet, Filing Fee Check, Postcard, 6 sheets of Drawings,**

|   |  |   |
|---|--|---|
| U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 1.53) <b>10/507449</b> | INTERNATIONAL APPLICATION NO.<br><b>PCT/GB03/00971</b> | ATTORNEY'S DOCKET NUMBER<br><b>04-748</b> |
|---|--|---|

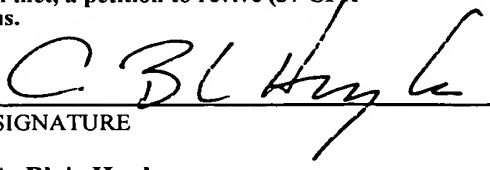
| 24. The following fees are submitted.:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... <b>\$1080.00</b><br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$920.00</b><br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$770.00</b><br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$730.00</b><br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b><br><div style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></div>  |              |              |           | <b>CALCULATIONS PTO USE ONLY</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
|---|--------------|--------------|-----------|--|--------------|--------------|------|--|--------------|-----------|---|-----------|----------------|--------------------|---------|---|-----------|----------------|---|--|--|--|---------------|--------------------------------------|--|--|--|-------------------|--|--|--|--|---------------|-------------------|--|--|--|-------------------|--|--|--|--|---------------|-----------------------------|--|--|--|-------------------|--|--|--|--|---------------|------------------------------|--|--|--|-------------------|--|--|--|--|---------------------------|--|--|--|--|------------|
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).   |              |              |           | <b>\$920.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">CLAIMS</th> <th style="width:25%;">NUMBER FILED</th> <th style="width:25%;">NUMBER EXTRA</th> <th style="width:15%;">RATE</th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>25 - 20 =</td> <td>5</td> <td>x \$18.00</td> <td><b>\$90.00</b></td> </tr> <tr> <td>Independent claims</td> <td>4 - 3 =</td> <td>1</td> <td>x \$86.00</td> <td><b>\$86.00</b></td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable). <input type="checkbox"/></td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1,096.00</b></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td><b>\$1,096.00</b></td> </tr> <tr> <td colspan="4">           Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).         </td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td><b>\$1,096.00</b></td> </tr> <tr> <td colspan="4">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input type="checkbox"/> </td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td><b>\$1,096.00</b></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be: refunded \$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">charged \$</td> </tr> </tbody></table> |              |              |           | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE |  | Total claims | 25 - 20 = | 5 | x \$18.00 | <b>\$90.00</b> | Independent claims | 4 - 3 = | 1 | x \$86.00 | <b>\$86.00</b> | Multiple Dependent Claims (check if applicable). <input type="checkbox"/> |  |  |  | <b>\$0.00</b> | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$1,096.00</b> | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | <b>\$0.00</b> | <b>SUBTOTAL =</b> |  |  |  | <b>\$1,096.00</b> | Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | <b>\$0.00</b> | <b>TOTAL NATIONAL FEE =</b> |  |  |  | <b>\$1,096.00</b> | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input type="checkbox"/> |  |  |  | <b>\$0.00</b> | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <b>\$1,096.00</b> |  |  |  |  | Amount to be: refunded \$ |  |  |  |  | charged \$ |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA | RATE      |  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
| Total claims  | 25 - 20 =    | 5            | x \$18.00 | <b>\$90.00</b>   |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
| Independent claims  | 4 - 3 =      | 1            | x \$86.00 | <b>\$86.00</b>   |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
| Multiple Dependent Claims (check if applicable). <input type="checkbox"/>   |              |              |           | <b>\$0.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |              |           | <b>\$1,096.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
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| <b>SUBTOTAL =</b>   |              |              |           | <b>\$1,096.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
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| <b>TOTAL NATIONAL FEE =</b>   |              |              |           | <b>\$1,096.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
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| <b>TOTAL FEES ENCLOSED =</b>  |              |              |           | <b>\$1,096.00</b>  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
|   |              |              |           | Amount to be: refunded \$  |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |
|   |              |              |           | charged \$   |              |              |      |  |              |           |   |           |                |                    |         |   |           |                |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |                             |  |  |  |                   |  |  |  |  |               |                              |  |  |  |                   |  |  |  |  |                           |  |  |  |  |            |

- a. ☒ A check in the amount of **\$1,096.00** to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the above fees.
- c. ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **13-2490**
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card information should not be included on this form.** Provide credit card information and authorization on PTO-2038.

**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

**A. Blair Hughes**  
**McDonnell Boehnen Hulbert & Berghoff LLP**  
 300 S. Wacker Drive  
 Chicago, IL 60606



SIGNATURE

**A. Blair Hughes**

NAME

**32,901**

REGISTRATION NUMBER

**13 September 2004**

DATE

I DT03 Rec'd PCT/PTO 13 SEP 2004  
10/507449

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Express Mail No. EV334697898US

Deposited: September 13, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on the date indicated above and is addressed to the Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Ernest Kellum  
(person actually depositing)

Patent Application of: Fletcher et al.

Title: Signal Processing System and Method

- ☒ Copy of International Application
- ☒ Transmittal Letter to the United States Designated/Elected Office (DO/EO/US)
- ☒ Postcard
- ☒ Copy of International Search Report
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- ☒ Check
- ☒ Patent Data Sheet
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- ☒ 6 Sheets of Drawings
- ☒ Declaration/Power of Attorney

Attorney Docket No.: 04-748